



Department of Housing and  
Community Development

**EMERGENCY HOME REPAIR PROGRAM  
ACCESSIBILITY REHABILITATION PROGRAM**

**Fiscal Year 2006**

**Operations Manual**

**Supplement to  
Fiscal Year 2006 Emergency Home Repair Program Operations Manual**

*Division of Housing  
Housing Preservation Unit  
501 North Second Street  
Richmond, Virginia 23219*

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## **EMERGENCY HOME REPAIR PROGRAM ACCESSIBILITY REHABILITATION PROGRAM**

### **I. PROGRAM GOAL**

The goals of the Emergency Home Repair Program/Accessibility Rehabilitation Program (ARP) are:

- 1) To provide funding for improved living conditions for low-income disabled and elderly persons by removing barriers to habitability and accessibility in their homes; and
- 2) To partner with area outreach and disability service providers to allow these individuals to develop and maintain self-sufficiency.

### **II. PROGRAM DESCRIPTION**

The ARP is funded through the Virginia State Income Tax Check-off for Housing Program. Virginia General Assembly legislation allows the voluntary payments by taxpayers for housing assistance to be used by the Department of Housing and Community Development (DHCD).

ARP funds may be used only for accessibility improvements, adaptations, and/or repairs to housing units occupied by low-income handicapped or elderly individuals in nonentitlement jurisdictions. A maximum grant of \$2,500 per unit/household will be available to Emergency Home Repair Program (EHRP) Local Administrators for program activities. All activities funded by the ARP must meet or exceed the standards prescribed by the Americans with Disabilities Act (ADA) and the U. S. Department of Housing and Urban Development's Fair Housing Act. Information about the ADA may be obtained at the U.S. Department of Justice website at [www.usdoj.gov](http://www.usdoj.gov). Information related to the Fair Housing Act may be obtained at [www.hud.gov](http://www.hud.gov).

The seven basic accessibility elements, as defined at [www.hud.gov](http://www.hud.gov), are as follows:

- Requirement 1. Accessible building entrance on an accessible route.
- Requirement 2. Accessible common and public use areas.
- Requirement 3. Usable doors (usable by a person in a wheelchair).
- Requirement 4. Accessible route into and through the dwelling unit.
- Requirement 5. Light switches, electrical outlets, thermostats and other environmental controls in accessible locations.
- Requirement 6. Reinforced walls for grab bars.
- Requirement 7. Usable kitchens and bathrooms.

Additional information can be found in Section VII. ACCESSIBILITY GUIDELINES.

All accessibility modifications shall be performed through the existing EHRP network of Local Administrators and will incorporate current EHRP eligibility guidelines and program implementation practices.

Program administration and financial management will be the same as for EHRP. Sections XI. COMMITMENT OF FUNDS, and XII. FUNDS DISBURSMENT and REPORTING contain specific information for ARP.

ARP funds, generally, will be used in conjunction with EHRP activities. ARP funds may not be used in entitlement jurisdictions. There is no specified match for ARP activities, unless repairs/improvements are made to rental units. Please see Section VI. CLIENT ELIGIBILITY for more details about rental units.

Although there is no required match, other than for certain rental units, Local Administrators are encouraged to seek additional sources to insure the project is adequately funded. Refer to Section VIII. MATCH for more information.

### **III. OUTREACH AND TECHNICAL ASSISTANCE**

Client referrals, technical assistance, and project coordination can be facilitated through the local or regional disabilities service providers, including, but not limited to, departments of social services, rehabilitative services, Centers for Independent Living, Disability Services Boards, and local or regional chapters of the American Association of Retired Persons.

### **IV. PROGRAM TIMELINES**

The application period for fiscal year 2006 begins on August 1, 2005.

All projects must be completed by June 30, 2005, regardless of start date or time of application.

### **V. APPLICANT ELIGIBILITY**

The ARP is open to Local Administrators of the EHRP to supplement existing housing rehabilitation activities in nonentitlement jurisdictions. Applicants must be incorporated under the laws of the Commonwealth of Virginia and operate as a nonprofit 501(c)3 corporation, or a unit of local government, including cities, towns, counties, housing authorities, or other public agencies. Individuals are not eligible to apply.

## **VI. CLIENT ELIGIBILITY**

To receive assistance under the ARP, client households must be the primary residence of an elderly or handicapped individual, in a nonentitlement jurisdiction, who meet the following income standards:

- Owner Occupied Housing Units – Total gross household income from all sources cannot exceed 80% of HUD’s area median income for the jurisdiction (city or county) where the unit is located. The most current area median income information may be found on the Virginia Housing Development Authority’s website at [www.vhda.com](http://www.vhda.com) under “Rental Housing”.
- Rental Units – total gross household income as for an owner occupied unit AND:
  - The rental property owner must agree in writing not to increase the current rent as a result of the accessibility modification(s) for a minimum of one year from the date of the executed ARP agreement, and;
  - The rental property owner must provide a minimum of 15% of the total project costs as match for minor repairs and accessibility improvements made to the property. If the property owner refuses to provide the required match, the applicant (renter or tenant) must be given the lowest priority. However, if the property owner is income eligible for ARP, no match is required.

All households who meet eligibility criteria and have a repair or improvement need as defined in the ELIGIBLE ACTIVITIES section, must have access to the ARP. Funds must be made available to eligible clients on a first come-first served basis, limited only by project costs and the availability of funds.

Before any project activities are undertaken, an OWNER AGREEMENT must be completed and signed by the Local Administrator and the Homeowner or Renter. The CERTIFICATION OF COMPLETION is signed after all project activities are completed.

## **VII. TYPES OF PROJECTS**

Local administrators may undertake bricks and mortar activities that create or improve housing conditions for low-income persons who are elderly, physically or mentally disabled. Projects for these beneficiaries may include any of the following activities:

- Accessibility improvements to owner-occupied or rental housing units;
- Repair or rehabilitation of owner-occupied or rental housing units; and
- Other activities as approved by DHCD on a case-by-case basis.

## **VIII. MATCH**

No specific dollar amount of match is required under the ARP, except for certain rental housing units. (See section VI. CLIENT ELIGIBILITY for the required match from landlords.) However, if ARP funds are insufficient to cover the total costs for the project, Local Administrators must seek additional sources.

Match may be in the form of any or all of the following:

- ✓ Cash from other public sources
- ✓ Cash from private sources
- ✓ A donated unit that complies with local building codes, valued at current Fair Market Rent\* for the unit size and location
- ✓ Donated labor valued at local market rates
- ✓ Donated materials valued at local market rates
- ✓ Donated equipment valued at local market rates

\* Fair Market Rents are available at the Virginia Housing Development Authority's website at [www.vhda.com](http://www.vhda.com) under "Renting".

## **IX. ACCESSIBILITY GUIDELINES**

At a minimum, accessibility improvements/repairs funded through the ARP must meet the following guidelines or standards:

- ❖ Doors – (Standards apply to all types of doors, hinged, sliding and folding)
  - a) Doors must be wide enough to enable a person in a wheelchair to maneuver through them easily;
  - b) For wheelchairs, doors must have a minimum clear opening width of 32" (measure from face of door to the stop, with door open 90 degrees);
  - c) Thresholds including sliding door tracks may be altered;
- ❖ Hallways, passages, and corridors must be wide enough to allow room to maneuver a wheelchair throughout the unit;
- ❖ Light switch operable parts of controls may be lowered to a recommended height of 15" and no higher than 48";
- ❖ Switches, outlets, thermostats, and controls may be made accessible to people in wheelchairs;
- ❖ Bathrooms
  - a) Only one bathroom in a housing unit may be adapted for accessibility;
  - b) Walls in bathrooms may be reinforced to allow for the addition of grab bars near the toilet, tub, shower, and/or shower seat, if provided;
  - c) Adequate maneuvering space should be available in bathrooms to allow a person in a wheel chair to easily enter, close the door, use the facilities and fixtures, and exit;

❖ Kitchens

- a) 40" of clear floor space is recommended for kitchens to allow a person in a wheelchair to maneuver between opposing base cabinets, countertops, appliances, or walls;
- b) A kitchen with an U-shaped design should have a minimum of 5' in diameter clear space or removable cabinets at the base of the U; and
- c) Appliances may be located to allow a person in a wheelchair to use them. A 20'x48' clear floor space is recommended for a parallel or forward approach.

**X. FUNDING LIMITS**

The total maximum grant award per household shall not exceed \$2,500 in ARP funds. These funds are in addition to any and all EHRP funds used in the project. A Local Administrator may submit an application for more than one household as a "project" so long as the average cost per unit does not exceed the \$2,500 limit.

Each EHRP Local Administrator is limited to a maximum of \$5,000 in ARP funds for the fiscal year, unless a waiver is requested and approved by DHCD.

**XI. APPLICATION PROCESS**

Local Administrators with eligible projects shall request and receive written approval from DHCD that ARP funds are set aside for a specific project. The written approval, generally an application cover sheet stamped "APPROVED" and initialed, will include the amount of ARP funds for the project, the expiration date for the commitment (90 days from the estimated start date for the project) and provide a grant number.

Eligible applications will be processed on a first come-first served, case-by-case basis if funds are available and the Local Administrator has not exceeded the \$5,000 per fiscal year maximum amount.

If ARP funds are not available at the time of application, the application will be held for thirty days and approved if additional revenues to the program are received. If no additional revenues are received within thirty days, the application will be cancelled. The Local Administrator may re-submit the application at a later time.

Applications may be mailed or faxed to DHCD. The FISCAL YEAR 2006 ACCESSIBILITY REHABILITATION PROGRAM (ARP) APPLICATION COVER SHEET must be complete and signed by an authorized representative of the Local Administrator. Supporting documentation may include additional information about the client; the criteria used to determine client eligibility; plans to publicize the ARP and promote community awareness of housing issues; results of water tests, if applicable to the project; and any other information that strengthens the application. DHCD may contact the applicant for clarification or additional information before approving or denying an application.

If ARP funds are insufficient to cover the total costs for labor or materials, the applicant is required to show the source and amount of funds necessary to complete the project. Water tests and well or septic permits must be obtained before applying for ARP funds.

The applicant must specify the estimated start and completion dates for the proposed project. All projects must be completed by June 30, 2006.

By signing the application, the Local Administrator certifies that the project is a new undertaking and is not an on-going project for which they are seeking additional funds. However, Local Administrators shall use EHRP funds for all repair/capital improvement projects first. ARP funds may be used to supplement any additional project costs above EHRP for these types of projects.

## **XII. COMMITMENT OF FUNDS**

ARP funds are committed for a specific project through the application approval process. However, if funds are not requested within 90 days of the project's estimated start date, the commitment expires.

Following completion of all project activities and submission of the final report with supporting documentation, DHCD will provide an Amendment to the Local Administrator's Fiscal Year 2006 Emergency Home Repair Program Grant Agreement. The Amendment will increase the amount of funds available to the Local Administrator for the fiscal year to reflect the addition of ARP funds.

## **XIII. FUNDS DISBURSEMENT and REPORTING**

ARP funds are provided on a reimbursement basis. Within 90 days of the estimated start date for the project, after all project activities are completed, the Local Administrator should submit a complete, signed FISCAL YEAR 2006 ACCESSIBILITY REHABILITATION PROGRAM REQUEST FOR DISBURSEMENT. The following items must be included with the request.

- ✓ Copy of approved application for APR funds for this project;
- ✓ Work write-up
- ✓ FISCAL YEAR 2006 ACCESSIBILITY REHABILITATION PROGRAM FINAL REPORT; and
- ✓ Complete, signed OWNER AGREEMENT and CERTIFICATION OF COMPLETION.

If the Local Administrator receives payments by electronic transfer, the Request for Disbursement may be submitted by facsimile. However, if the Local Administrator receives payments by check, the Request for Disbursement must be submitted by mail.

Information regarding electronic transfer, the Electronic Data Interchange or EDI, may be found through the Virginia Department of Accounts' web site at [www.doa.virginia.gov](http://www.doa.virginia.gov). Use the Quick Link for EDI.

Note: At this time, only Local Administrators who also administer the Weatherization Assistance Program may use the Weatherization Database for invoicing and reporting. However, back-up documentation not provided through the Database must be mailed or faxed to DHCD.

The final report and request for reimbursement should be submitted when all project activities are completed. DHCD's commitment for a specific project expires in 90 days from the estimated start date for the project. Failure to complete projects in a timely manner may result in exclusion from further program participation.

### **XIII. CONTACT INFORMATION**

The mailing address is:

Department of Housing and Community Development  
Division of Housing/Housing Finance Unit  
501 North Second Street  
Richmond, VA 23219

Contact Robbie Campbell, Program Administrator, by telephone at 804-371-7116 and by e-mail at [Robbie.Campbell@dhcd.virginia.gov](mailto:Robbie.Campbell@dhcd.virginia.gov).

Contact Floris Weston, Program Manager, by telephone at 804-371-7112 and by e-mail at [Floris.Weston@dhcd.virginia.gov](mailto:Floris.Weston@dhcd.virginia.gov).

The fax number for the Division of Housing is 804-371-7091.

DHCD's web address is [www.dhcd.virginia.gov](http://www.dhcd.virginia.gov).

## **Attachment A. Accessing Program Information**

1. Area Median Income – The Virginia Housing Development Authority’s web address is [www.vhda.com](http://www.vhda.com). Under the Rental Housing banner there is a heading for Property/Management Agents. Click the item called “Income/Rent Limits”. Choose Income Limit Table. You may scroll to the desired city or county or use the Filter for Location dropdown arrow.
2. Fair Market Rents – These are also located on [www.vhda.com](http://www.vhda.com). Under the Renting banner, there is a heading for the Housing Choice Voucher Program. Click the item called “Fair Market Rents”. Choose the most current Fair Market Rent Table.
3. Americans with Disabilities Act (ADA) – The ADA Home Page address is [www.usdoj.gov/crt/ada/adahom1.htm](http://www.usdoj.gov/crt/ada/adahom1.htm).
4. Fair Housing Act – Go to the U. S. Department of Housing and Urban Development’s web site at [www.HUD.gov](http://www.HUD.gov). Under the Information For... banner, choose the item called “Fair Housing”.
5. Accessibility Rehabilitation Program documents and forms – These are maintained on the Department of Housing and Community Development’s web site at [www.dhcd.virginia.gov](http://www.dhcd.virginia.gov). Under Quick Links, choose Forms and Publications. Go to Emergency Home Repair Program to find the ARP documents and forms.
6. Electronic Data Interchange (EDI) – For information on registering for electronic transfer of payments, go to the Virginia Department of Accounts at [www.doa.virginia.gov](http://www.doa.virginia.gov). Use “EDI” under Quick Links.

## Attachment B. Application Cover Sheet

DHCD USE ONLY

Grant # 06-ARP-\_\_\_\_\_

Date Commitment will Expire: \_\_\_\_\_

### FISCAL YEAR 2006 ACCESSIBILITY REHABILITATION PROGRAM (ARP) APPLICATION COVER SHEET

I.	Local Administrator:_____
	ARP Contact/Title:_____
	Address:_____
	Telephone:_____ Fax:_____
	e-mail:_____

II.	Client Name:_____
	Project Location:_____
	Brief Description of Project (attach additional pages if necessary):_____
	_____
	_____
	Beneficiary Type (check all that apply):    _____Disabled    _____Elderly
	Source of Referral: _____

III.	Amount of ARP funds requested for this project: \$_____
	ARP Funds for the project are requested for:    _____Materials    _____Labor
	Will additional funds for the project be required?    _____Yes    _____No
	Additional funding sources and amounts:
	_____ \$_____
	_____ \$_____
	_____ \$_____
	Estimated Project Start Date: _____ Completion Date: _____
	Type of Unit:    _____Owner-Occupied    _____Rental    _____Other

#### **Certification/Authorization:**

My signature below certifies that the information contained in the application and any supporting documentation is correct and complete to the best of my knowledge.

_____	_____
Signature	Date

\_\_\_\_\_  
Type or print name and title

**Attachment C. Owner Agreement and Certification of Completion**

**ACCESSIBILITY REHABILITATION PROGRAM**

**I. OWNER AGREEMENT (before starting the project activities)**

An Agreement is made by and between \_\_\_\_\_ (Local Administrator) and \_\_\_\_\_ (Homeowner or Renter) in accordance with the Accessibility Rehabilitation Program Guidelines for the purpose of providing accessibility improvements, capital improvements, and/or repairs as follows:

SCOPE OF WORK: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WORK TO BE PERFORMED BY: \_\_\_\_\_

WORK TO BEGIN: \_\_\_\_\_ ESTIMATED COMPLETION: \_\_\_\_\_

TOTAL COST – MATERIALS, LABOR AND MATCH: \$ \_\_\_\_\_  
ARP Funds \$ \_\_\_\_\_  
Match Funds \$ \_\_\_\_\_  
Source of Match: \_\_\_\_\_

SPECIAL ARRANGEMENTS: \_\_\_\_\_  
\_\_\_\_\_

Complaints or questions concerning the accessibility improvements or repairs should be directed to: \_\_\_\_\_

\_\_\_\_\_  
Local Administrator Date

\_\_\_\_\_  
Homeowner/Renter Date

**II. CERTIFICATION OF COMPLETION (after activities are completed)**

I certify that the Scope of Work described above has been completed in a satisfactory manner.

\_\_\_\_\_  
Local Administrator Date

\_\_\_\_\_  
Homeowner/Renter Date

**Attachment D. Request for Disbursement**

**FISCAL YEAR 2006 ACCESSIBILITY REHABILITATION PROGRAM**

**REQUEST FOR DISBURSEMENT**

On behalf of the \_\_\_\_\_ (enter name of Local Administrator), located in \_\_\_\_\_ (enter locality), I hereby request Accessibility Rehabilitation Program funds in the amount of \$\_\_\_\_\_ to conduct the approved activities in accordance with the Fiscal Year 2006 Emergency Home Repair Program Grant Agreement and Operations Manual and the Fiscal Year 2006 Emergency Home Repair Program Accessibility Rehabilitation Program Operations Manual.

**GRANT #:** 06-ARP- **FIN:** \_\_\_\_\_

Grantee's Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Payment received via electronic transfer: \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes" request may be mailed or faxed. If "No" Request must be mailed.

\_\_\_\_\_  
Type or Print Name and Title of Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR DHCD USE ONLY**

Cost Code	Project Code	Amount
_____	_____	\$ _____
_____	_____	\$ _____
	TOTAL	\$ _____

PAYMENT AUTHORIZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

## Attachment E. Final Report

### FISCAL YEAR 2006 ACCESSIBILITY REHABILITATION PROGRAM

#### FINAL REPORT

*The FINAL REPORT must be submitted after all activity for the approved project is completed, within 90 days of the estimated start date on the approved application.*

Local Administrator: \_\_\_\_\_

**Grant Number: 06-ARP-\_\_\_\_\_** (found in upper right corner of approved application)

Client Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

FIPS Code: \_\_\_\_\_ Name of City or County: \_\_\_\_\_

1. Size of household: \_\_\_\_\_

2. Indicate type of unit:

Single Family Owned \_\_\_\_\_ Single Family Rental \_\_\_\_\_

Manufactured Home Owned \_\_\_\_\_ Manufactured Home Rental \_\_\_\_\_

Multi-Family (4 units or less) \_\_\_\_\_ Multi-Family (5 units or more) \_\_\_\_\_

3. Enter **number of household members** (persons) in each category. "Non-Target" is all individuals who do not fit in another category. A household member may be counted in more than one category.

Non-Target \_\_\_\_\_ Native American \_\_\_\_\_

Elderly (age 60 or over) \_\_\_\_\_ Children (under age 18) \_\_\_\_\_

Disabled \_\_\_\_\_ Children (age 5 or below) \_\_\_\_\_

Mentally Impaired \_\_\_\_\_ Female Head of Household \_\_\_\_\_

4. Total amount of ARP funds expended for the project: \$ \_\_\_\_\_

5. ARP funds were used for: \_\_\_\_\_ Materials \_\_\_\_\_ Labor

6. Project start date: \_\_\_\_\_

7. Project completion date: \_\_\_\_\_

8. Enter **number of household members** (persons) by race/ethnicity:

White \_\_\_\_\_ Hispanic \_\_\_\_\_ Black \_\_\_\_\_

Asian \_\_\_\_\_ Native American \_\_\_\_\_ Other \_\_\_\_\_

Not Available \_\_\_\_\_

9. Source (See page 2 for categories) and value of Local Match Contribution:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total Project Cost: \$ \_\_\_\_\_ Total Match \$ \_\_\_\_\_

10. Please indicate which of the following documents are attached.

\_\_\_\_\_ Copy of Approved Application for APR funds for this project

\_\_\_\_\_ Work Write-Up

\_\_\_\_\_ Owner Agreement/Certification of Completion

\_\_\_\_\_ Other: \_\_\_\_\_

11. Please provide a brief description of the completed Project:

I certify that the information contained in this report is accurate and that this local project was operated according to the terms, guidelines and requirements of the Fiscal Year 2006 Accessibility Rehabilitation Program and the conditions of the Fiscal Year 2006 Emergency Home Repair Program and any applicable amendments.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Name and Title

#### Categories for Match Sources

CDBG, IPR	Other*	State General Funds
Church, United Way, Donation	Owner	Other State Funds
CSBG	Petroleum Violation Escrow	Virginia Water Project
DSS Crisis	Private In-Kind	VHP, Homeownership
Local Government	Private Lender	VHP SEED Money
Local HOME	Rural Development	Weatherization

\* Other includes, but is not limited to, donated units valued at current Fair Market Rent, and donated labor, material, and equipment, valued at local market rates.

## **Attachment F. Entitlement Jurisdictions**

The Accessibility Rehabilitation Program *does not* provide services in the following entitlement jurisdictions:

### **Cities:**

<b>Alexandria</b>	<b>Blacksburg</b>	<b>Bristol</b>
<b>Charlottesville</b>	<b>Chesapeake</b>	<b>Christiansburg</b>
<b>Colonial Heights</b>	<b>Danville</b>	<b>Fredericksburg</b>
<b>Hampton</b>	<b>Harrisonburg</b>	<b>Hopewell</b>
<b>Lynchburg</b>	<b>Newport News</b>	<b>Norfolk</b>
<b>Petersburg</b>	<b>Portsmouth</b>	<b>Radford</b>
<b>Richmond</b>	<b>Roanoke</b>	<b>Suffolk</b>
<b>Virginia Beach</b>	<b>Winchester</b>	

### **Counties:**

<b>Arlington</b>	<b>Chesterfield</b>	<b>Fairfax</b>
<b>Henrico</b>	<b>Loudoun</b>	<b>Prince William</b>

## Attachment G. FIPS Codes

### Counties

Accomack	001	Franklin County	067	Nottoway	135
Albermarle	003	Frederick	069	Orange	137
Alleghany	005	Giles	071	Page	139
Amelia	007	Gloucester	073	Patrick	141
Amherst	009	Goochland	075	Pittsylvania	143
Appomattox	011	Grayson	077	Powhatan	145
Arlington	013	Greene	079	Prince Edward	147
Augusta	015	Greensville	081	Prince George	149
Bath	017	Halifax	083	Prince William	153
Bedford County	019	Hanover	085	Pulaski	156
Bland	021	Henrico	087	Rappahannock	157
Botetourt	023	Henry	089	Richmond County	159
Brunswick	025	Highland	091	Roanoke County	161
Buchanan	027	Ise of Wight	093	Rockbridge	163
Buckingham	029	James City	095	Rockingham	165
Campbell	031	King and Queen	097	Russell	167
Caroline	033	King George	099	Scott	169
Carroll	035	King William	101	Shenandoah	171
Charles City	036	Lancaster	103	Smyth	173
Charlotte	037	Lee	105	Southampton	175
Chesterfield	041	Loudoun	107	Spotsylvania	177
Clarke	043	Louisa	109	Stafford	179
Craig	045	Lunenburg	111	Surry	181
Culpeper	047	Madison	113	Sussex	183
Cumberland	049	Mathews	115	Tazewell	185
Dickenson	051	Mecklenburg	117	Warren	187
Dinwiddie	053	Middlesex	119	Washington	191
Essex	057	Montgomery	121	Westmoreland	193
Fairfax County	059	Nelson	125	Wise	195
Fauquier	061	New Kent	127	Wythe	197
Floyd	063	Northampton	131	York	199
Fluvanna	065	Northumberland	133		

### Cities

Alexandria	510	Fredericksburg	640	Petersburg	730
Bedford	515	Galax	640	Poquoson	735
Bristol	520	Hampton	650	Portsmouth	740
Buena Vista	530	Harrisonburg	660	Radford	750
Charlottesville	540	Hopewell	670	Richmond	760
Chesapeake	550	Lexington	678	Roanoke	770
Colonial Heights	570	Lynchburg	680	Salem	775
Covington	580	Manassas	683	Staunton	790
Danville	590	Manassas Park	685	Suffolk	800
Emporia	595	Martinsville	690	Virginia Beach	810
Fairfax	600	Newport News	700	Waynesboro	820
Falls Church	610	Norfolk	710	Williamsburg	830
Franklin	620	Norton	720	Winchester	840

Five Virginia Cities and Counties have identical names:

Bedford, Fairfax, Franklin, Richmond and Roanoke.

Please be sure to use the proper FIPS number.